



DAUPHIN COUNTY TECHNICAL SCHOOL
 6001 Locust Lane • Harrisburg, PA 17109 • www.dcts.org
 Phone: (717) 652-3170, Guidance ext. 7432

**Middle School Application for 9th Grade Acceptance
 2020-2021**

*This form **MUST** be completed by hand by the student, in blue or black ink.
 Answers are not to be typed. Please print clearly.*

Name: _____ Phone: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

School District: _____ Present School: _____

Guardian: _____

Cell Phone Number: _____

Email Address: _____

Employer: _____

Employer Phone Number: _____

Guardian: _____

Cell Phone Number: _____

Email Address: _____

Employer: _____

Employer Phone Number: _____

Student lives with (circle one): Both Parents Mother Father Guardian(s)

Have you ever attended the DCTS Career Camp? Yes No

Please Note: Placement testing will be required after student is accepted at Dauphin County Technical School.

STUDENT TRANSFER POLICY

Newly admitted first year students will be required to remain at the Dauphin County Technical School for the first marking period of the school year, unless the Dauphin County Technical School is notified prior to July 1st of the school year to rescind the student's application. A first year student may request reassignment to the home school, at the end of the first marking period, through the Dauphin County Technical School Guidance Office, who will contact the designated representatives of the home school. Transfers other than first year students will be handled on a case by case basis.

At the start of the tenth week of school, students will not be permitted to return to their home schools except for extreme cases which will be handled individually following the procedure enumerated above.

Students in their second or third year at the Dauphin County Technical School, who want to return to their home school, must initiate a request for reassignment to the home school by July 1 of the school year through the DCTS Guidance Office who will notify the designated representative of the home school. Once the school year begins, transfers would cease except for extreme cases which will be handled individually following the procedure enumerated above.



Student Name: _____

The participating district has no responsibility to accept a student who has violated DCTS policy and is under suspension or expulsion. The Joint Operating Committee will carry out all expulsion hearings regardless of the enrollment status of the student.

Parental Registration Statement

Pennsylvania School Code 13-1340-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other State for any act or for any act of violence committed on school property."

I hereby swear or affirm that my child (one) was was not

previously suspended or expelled from any public or private school of the Commonwealth or any other State for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or any act of violence committed on school property. *I make this statement subject to penalties of 24 P.S. 13-1340-A(B) and IS Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If child was suspended or expelled, please list name of school, reason for suspension/expulsion, and dates of suspension/expulsion:

Release of Information

For the purposes of the next three questions, "evaluated" means a student went through the process to determine eligibility for services. If the student was evaluated but did not to qualify for the services in question, you should still check yes.

- Has the student ever been evaluated for special education services? (one) Yes No
- Has the student ever been evaluated for gifted services? (one) Yes No
- Has the student ever been evaluated for a 504 plan? (one) Yes No
- Has the student ever been evaluated for ELL (English Language Learner) services? (one) Yes No
- Has the student ever attended a CTC or technical school? (one) Yes No

If yes, what school? _____

_____ I give permission to have my student's records released to DCTS.
[initials]

I have read and understand the above statements concerning the student transfer policy, previous suspensions/expulsions, placement testing, release of information, and I have initialed permission for release of records to DCTS.

Parent/Guardian Signature Date _____

Parent/Guardian Name (Please Print)



9th Grade Students—DCTS Exploratory Program

Please select three (3) academy choices from the lists. You MUST choose three (3) career pathways, as there is limited space in each program to ensure a safe and effective environment. Students will visit each program outside their academy placement during the exploratory period. Identify academy order of preference with a "1", "2", "3" for each choice. The rotation period for the exploratory program is completed by the end of the 1st marking period and is considered as a grade and credits for graduation.

Advanced Manufacturing Academy

- Drafting & Design Technology
- Electronics Technology
- Precision Machining Technology
- Welding

First Program choice in this Academy

Construction Academy

- Building Construction Technology
- Carpentry
- Electrical Construction & Maintenance Technology
- Heating, Ventilation & Air Conditioning
- Masonry

First Program choice in this Academy

Health Science Academy

- Dental Assistant
- Health Careers
- Medical Assistant

First Program choice in this Academy

IT Academy

- Information Systems Technology
- Web Development & Design

First Program choice in this Academy

Service Academy

- Cosmetology
- Culinary Arts
- Criminal Justice/Police Science
- Horticulture
- Veterinary Assistant

First Program choice in this Academy

Transportation Academy

- Automotive Technology
- Diesel Technology
- Collision & Refinishing Technology
- Small Engine Equipment Technology

First Program choice in this Academy

Visual Arts Academy

- Commercial Art
- Graphic Arts

First Program choice in this Academy

Please note any medical concerns or Allergies that my preclude student from participating in specific program selected



Dauphin County Technical School Career Exploration Interview

Name: _____ School: _____ District: _____

Occupational Area/ Academy of Interest: _____

In order for a student application to be considered complete, the student must complete the questions listed on the front and back of this sheet. Failure to do so will eliminate a student from the application process. Should a student encounter problems in the completion of these questions, he/she may request assistance from his/her counselor.

1. Why do you want to begin this Career & Technical program?

2. What experiences have you had in the Career & Technical area you are applying for?

3. What do you plan to do beyond graduation from high school?

INTERVIEW

To help the applicant make an appropriate career choice, DCTS requires that an interview be conducted with someone who is employed in the occupational academy of your 1st choice. Make certain that the person interviewed signs and dates this sheet. **The student applicant must write the answers to the questions.** If a student cannot find a person to interview, he/she may obtain the answers by researching careers on the internet. If a student cannot understand the English language, s/he may request a Spanish version of the Career Exploration Interview form. "Yes" or "No" answers are not acceptable responses to questions. If you are physically unable to write the answers to the questions (this must be confirmed by your counselor), you may submit an audio file via email with the answers in place of the written sheet. Your guidance counselor can help you with this.

1. What is a typical week like in your chosen career field? How do people in this career spend their work hours?

2. What kind of job opportunities are in this field? What sort of jobs are available for those with this kind of training?

3. What special abilities or talents do successful people in this career field possess?

4. What dangers and/or hazards do people in this career field encounter?

5. List three to five things about their jobs people in this field might be happy about.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

6. Once you graduate from DCTS, what further education will you need to reach career goal? College? Technical School? On-the-job training? How long do you expect this further education to take?

7. List three to five things about their jobs people in this field might consider a disadvantage.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

8. What is the average salary earned in this occupational area?

Signature of Person Interviewed: _____

Title: _____ Date: _____

If the information was obtained from a source other than an interview of an individual, please list the source of your information.



DAUPHIN COUNTY TECHNICAL SCHOOL

Student Application - 8th Grade Team Recommendation Form

Name: _____ Middle School: _____

First Choice of Career Pathway of Interest (Career Academy; one) Arts & Marketing Advanced Manufacturing Construction Service
 Transportation Health Science IT

Team Completing Recommendation: _____ Teacher Signature/Team Representative: _____

PERSONAL FACTORS

[Please circle the box that best describes the student for each of the 10 factors listed below]

| | 1 | 2 | 3 | 4 | 5 |
|---|--|--|---------------------------------------|--|--|
| 1. Cooperation: willingness to work with others | Openly uncooperative | Reluctant to cooperate | Ordinarily cooperative | Always cooperative | Stimulates cooperation |
| 2. Attitude toward authority: willingness to take and carry out orders | Definitely resents taking orders | Accepts with resistance | Appears to accept reasonably well | Shows evidence of accepting authority well | Understands and appreciates need for authority |
| 3. Attitude toward training: willingness to learn new methods or techniques toward greater efficiency and growth | Definitely resists | Accepts training only under pressure | Accepts training if sees advantages | Willingly accepts training | Constantly seeks additional training |
| 4. Adherence to rules/directions/safety guidelines: exhibits consistent and reliable behavior | Often exhibits inconsistent, unsafe behavior | Sometimes exhibits inconsistent, unsafe behavior | Occasionally exhibits unsafe behavior | Rarely exhibits unsafe behavior | Always exhibits safe, consistent behavior |
| 5. Resourcefulness: having ideas, devising ways and means, applying images | Of no help in solving problems | Rarely offers a constructive solution | Has average supply of solutions | Usually resourceful even in an emergency | Exceptional capacity for problem solving |
| 6. Interest: degree of enthusiasm for specific job and the organization in general | Totally disinterested | Uninterested | Shows a varying degree of interest | Well motivated | High specific and general interest |
| 7. Initiative: takes lead, self-starter | Never initiates | Waits for others to get started | Usually initiates | Frequently sees things to do | Usually self-reliant, creative |
| 8. Responsibility: assurance that assignment will be done | Unreliable | Somewhat dependable | Usually dependable | Dependable, conscientious | Very dependable, takes responsibility |
| 9. Work ethic: does best work possible, cares about quality work | Sloppy, careless | Strives for quality only under pressure | Work is acceptable | Usually conscientious about work | Takes pride in doing excellent work |
| 10. Punctuality: beginning on, or ahead of, time for class | Consistently tardy | Sometimes tardy | Usually on time | Punctual | Always punctual |

TOTAL [please]: _____



DAUPHIN COUNTY TECHNICAL
SCHOOL

Middle School Application
9th Grade Acceptance
2020-2021

TO BE COMPLETED
BY GUIDANCE OFFICE
FROM THIS POINT FORWARD

Please provide requested information directly on this form.

Please do not write: "See attached" in lieu of completing this form as it will significantly delay the student's application process.

Please note:

Applications are considered incomplete if required documentation is not submitted. This could result in a negative impact on the student's score.

All DCTS students will be issued a laptop computer to be utilized as a part of their educational experience. Acceptance and use of this laptop is required by all students and cannot be declined or refused. Use of a personal laptop on the DCTS network is prohibited for security reasons.



Dauphin County Technical School Middle School Student Application Guidance Packet

Deadline for submission to DCTS, in order to have priority consideration for acceptance:

Deadline for Application – February 3, 2020. After this date, students will lose (-5) points for late submission.

Student Name: _____ Today's Date: _____
(Last) (First) (Middle)

Home District: _____ Grade Applying For: _____

Current School Attending: _____ Registered at Sending District? Yes No

Student Application Packet

A complete application packet consists of the following, including **all** necessary attachments:

- Student Application Cover Sheet
 - 9th Grade Exploratory Program Selection Sheet
 - Parental Authorization Statement
 - Career Exploration Interview
 - Teacher/Team Recommendation
- Guidance Assessment Form
- Special Education Form (if applicable)
 - Most Current IEP, ER, and/or RR
- 504 Plan (if applicable)
- ELL Testing Reports (if applicable)
- Current Report Card
- Final Report Cards (grade 8 and 7)
- Standardized Test Scores
- PSSA Scores (grades 5, 6, 7 and 8)
- District Benchmark Scores, if applicable (Spring, grade 8)
- Keystone Exam Scores
- Attendance Records
- Discipline Records
- Immunization Record

Application will be considered **incomplete** if all supporting documentation is not submitted.

The student application packet attached is complete and the above student has my approval to begin the selection process for admission to the Dauphin County Technical School.

Principal: _____
(Print name) (Signature)

Guidance Counselor: _____
(Print name) (Signature)

School: _____ Phone: _____



Guidance Counselor Assessment Form

Please provide requested information directly on this form.

Please do not write: "See attached" in lieu of completing this form as it will significantly delay the student's application process.

Student Name: _____ Present Grade: _____
(Last) (First) (Middle)

Birthday Verification: _____ PA SECURE ID# [required]: _____

Attendance:

When determining the number of absences, please do not include suspensions, field trips, or approved educational trips.

Days Absent in Grade 7: _____ (total for year) Grade 8: _____ (as of ___/___/___)
Today's Date

Discipline:

Number of days the student has been suspended: Out of School: Grade 7 _____ Grade 8: _____
In-School: Grade 7 _____ Grade 8: _____

Has the student ever been in alternative education placement? Yes No

Academics:

Has the student ever been retained? Yes No

If Yes, what grade(s)? _____ School: _____

Final Average for 7th Grade Courses:

English _____ Social Studies _____ Science _____ Math _____

Mid-Year Average for 8th Grade Courses (should be an average of 1st marking period and most current 2nd marking period):

English _____ Social Studies _____ Science _____ Math _____

Algebra Keystone Testing: Not yet taken Below Basic Basic Proficient Advanced

Is the student presently in Compensatory or Remedial?

Math: Yes No

Reading: Yes No

Comments: _____

Does the student receive special education services? Yes No

Does the student have a 504 plan? Yes No

Has the student ever been through the child find process? Yes No

Does the student receive ELL services? Yes No

Please note any medical concerns or allergies that may preclude student from participating in specific academies:
[to be completed by nurse]



Summary of Special Education Documents

Student Name: _____ School: _____
(Last) (First) (Middle)

Current ER/RR Date: _____ Current IEP Date: _____

Primary Disability: _____

Secondary Disability: _____

IQ Test Date: _____ VIQ: _____ Full IQ: _____

PRESENT LEVELS

Academic:

Reading - Lexile Score/Decoding/Comprehension: _____

Math Level: _____ Written Expression: _____

Comments:

Behavioral: _____

Social: _____

Attendance: _____

Strengths: _____

Needs: _____

Services: Learning Support Emotional Support Related Services _____

Current Level of Service: (please check all that apply)

| Subject | Regular Ed | Co-Taught | Spec. Ed Classroom |
|---------|------------|-----------|--------------------|
| English | | | |
| Math | | | |
| Science | | | |
| History | | | |

Please include current IEP and most recent ER/RR with application. All RR's due before October 15th will be completed by sending district prior to enrollment.

Case Manager: _____ Telephone number / Ext: _____
(Please Print Clearly)

Email Address: _____